Lilalu, psychose in Kenya

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kunde in toenemende
Dit komt overeen
iefpsychose.

voor de patiënt kan
en de gemeenschap
jn hulpbronnen voor

ich de kulturele
en een weg moeten
gebruikers kunnen

SUMMARY

LILALU, PSYCHOSIS IN KENYA

THE CONTRIBUTION OF TRADITIONAL AND PRAYER HEALERS
AND WESTERN PSYCHIATRY
TO THE SOCIAL REINTEGRATION OF PSYCHOTIC PATIENTS

Chapter 1 gives the motivation for this research. Th
integration of traditional healers into western
primary health care, should be aimed at, in order t
for all by the year 2000'. The WHO (1978a) giv
description of a traditional healer: 'The traditi
person who is recognized by the community in wh
competent to provide health care by using vegetable,
substances and certain other methods based on the soc
religious background as well as on the knowledge, att
that are prevalent in the community regarding phy
social well-being, and the causation of disease and d
The increasingly expensive western health care is in
continually more difficult to obtain for a growi
several African countries this has led to the authori
system of health care to find a way of improvin
traditional and prayer healers. The traditional and p
a large, unorganised infrastructure of traditional h
easy reach of and accessible to everyone. The Af
moreover always continued to use traditional and
healers, in addition to western health care.

Very little systematic follow up research of any ex
to the form and effect of the treatment of patients
prayer healers in general, and of psychiatric patient
This study is restricted to psychotic patients, beca

of the care given to psychotic patients by western
traditional and prayer healers. Against this backgrou
the effects of each of these forms of treatmen
reintegration of psychotic patients.

The professional sector is the official health care
Organisational and functional hierarchical lines wit
health care conform to the administrative system.
Psychiatric provisions are relatively even more
general health care. There is for instance only one
province for the treatment of psychotic patients. Th
many patients this facility is far away and difficul
is continuously a larger number of patients than the
can accomodate.
The psychiatric ward mainly uses a biomedical c
disease. This concept does not correspond to the pa
of patients as to the 'why' of the disease ar
Explanation of the value of use of medication over
not appeal to the patients and do not correspond to
to be declared cured. Through the differences in cor
is not easily open to questions of the patient and hi
Treatment is aimed mainly at shortening the pe
through the use of medication, and to a lesser e
social functioning. The latter through participati
therapy or through domestic duties in the ward.
The cost of admission is low for the patient
Additional cost of transport can, however, add up
sum.
Community based health care programs were start
districts in Kenya. Atttempts are made to integrate
the program. A grassroot approach is emphasized.

The traditional health care system is closely r
spirits, which are an important element of Luhya c
the Luhya, the spirit of a deceased has more power
that of a living person. Ancestral spirits de
adversity, illness - including mental illness -
ancestral spirits and their acts is far more ofte
the Luhya might have in them

rn medicine and by
ound we try to trace
ent on the social

re system in Kenya.
ithin the system of

e centralised than
ne clinical ward per
This means that for
cult to reach. There
ne ward with 24 beds

concept of mental
patients'. Questions
are not discussed.
a longer period do
the patients' need
oncepts the hospital
his relatives.
eriod of psychosis
extent at improving
ion in occupational

and his relatives.
to a considerable

ted in 1986 in 14
psychiatric care in

elated to ancestral
ulture. According to
ver the living than
cide prosperity or
nd health. Fear of
expressed than any

of how and why a
g to their ideas of

With the Luhya *lilalu* is a clearly defined concept. I
our concept of psychosis. It must be noted that som
not refer to the depressive phase of a bipolar disor
The diagnostic process of traditional and prayer h
differences to western psychiatry.
Where western medicine starts through inventarisati
facts and with the aid of further investigations t
the illness and to classify the illness accor
classification system (for instance ICD 9 or DSM III
prayer healers immediately look for the - superna
which symptoms play a subordinate part. Symptoms
systematically listed and written down.

The traditional healers involved in this research
other in their treatment. Their concepts of the dev
corresponded, as did their methods of treatment, but
their treatment, their techniques, showed mutual
instance in the way herbs were administred or a ritua
The prayer healer involved in this research took
point, as did the traditional healers, that a superna
cause of *lilalu*. His treatment was also aimed at undoi
of that supernatural power.
The traditional healer usually reacted to aggres
tieing up the patient, warnings or corporal
traditional healer tied up the patients as well to
roamimg around or having (car-)accidents, or to en
traditional healers did not start treatment, or
payment was not forthcoming. Furthermore aspects as '
possibly ill-making environment' and 'setting to wo
payment) can be indicated, which possibly influenc
treatment unintentionally.

Much literature is written about the care aspect of
traditional healers, and less about that of prayer h
world-view of traditional or prayer healers and
their patients is assumed to be of importance, for
concepts about cause and necessary treatment of th
both types of healers and (the relatives of) their pa
hand it rouses confidence with the patients and his
traditional and prayer healers, on the other hand
healer is a not unambiguous figure, because the trad
use his contacts with

mental disease.
Next the norms and values of the Luhya-community are looked at. C
is the fact that everything abnormal may lead to stigmatization
includes abnormal behaviour as well as abnormal appearance. Resea
Bijleveld (1976) shows that the Luhya most fear *lilalu*. The reasons
they are afraid of *lilalu* are summarized.
For the social consequenses it is important to know whet
patient's illness concerns a first psychosis or a relapse and wha
of behaviour he has shown. His behaviour is decided on the one h
the illness-behaviour, on the other hand by the symptoms that
intrinsic part of the illness. Especially the question whet
patient has or has not been agressive is important for the commu
reactions. The social disqualifications of the *lilalu* patient
described, in which interactions between the community and the p
play an essential role. Here it is important to note that, alth
lilalu patient is not held responsible for his actions, still
social intercourse is withheld, more or less as with those who ar
responsible for what they do.
Finally, chapter 5 goes into the influence of the treatment
traditional or prayer healer as well as a hospital, on stigma.
Traditional and prayer healers can on occasion, through their f
telling, attribute a positive image to the patient, viz. tha
future healer. An example illustrates the fact that the
history and the behaviour of a patient influence the stigma mo
the type of treatment given. During hospital treatment the pat
more isolated from his environment than during treatment
traditional healer, where the relatives are usually involved
treatment. This isolation may put the responsibility for the
therefore for the disease, more on the individual patient a
promote stigma. The causes of the disease as thought by
psychiatry puts more responsibility on the patient as well.
By traditional healers as well as in hospital the patient
treated roughly. The fact that in hospital this is also done by
nursing staff, does not show respect for a male patient. T
affect his self-respect according to the Luhya.
When cured, a patient may receive proof of being cured f
traditional or prayer healer through a ritual of passage
possibly reduces the stigma. The hospital gives the
psychopharmaca. This shows clearly to both patient and surr
that he is not cured. This will reinforce the stigma.

psyhotic patients?
- in which way are psychotic patients treated by a tra
  prayer healer and in which way in a western psychiatr
  department?

Specific questions:
- for what reasons did patients of our research grou
  traditional or prayer healer and why to the hospital?
- how is their help-seeking behaviour?
- how high is the patient's and the community's trust in
  treatment?
- what is the nature and the effect of the treatment?
- what is the condition of the patients concerning psychopa
  social functioning at the start of the index-treatment
  the end of the follow-up period?
- what are the reactions of the community on the patient a
  of the index-treatment and what at the end of the follow-
- are there differences in effect between the different kin
  tment?
- what are possible reasons for these differences?

Social reintegration is taken as a measure for the effect of
because it indicates in which way a (former) patient functio
the community. This is influenced by the amount in which sym
is present, the social functioning of a patient, the questio
patient has been admitted to a hospital or to the compound o
ional or prayer healer, and the reactions of the environmen
(former) psychotic patient.

The questionnaires used in this research are described: Pr
Examination (PSE; measuring psychopathology), Disability
Schedule (DAS; measuring social functioning), and a qu
designed for this research measuring reactions by the e
among other things. The problems faced with these instr
described.

Finally, in chapter 6 the primary criteria for comparis
diagnosis (classified according to DSM III axis I),
psychotic episodes, and the secondary characteristics: a
status, education and profession, are compared in pairs and

In chapter 7 the group of traditional and prayer healers
hand and the hospital group on the other hand are, ma
descriptive form, mutually compared on the following points:
- the ideas of the patient's relatives as to the caus
  disease;
- the help-seeking behaviour;
- the considerations during the aid-seeking behaviour;
- cure and care-aspects of the index-treatment.

Ideas about causes

By far the larger part of our patients' relatives is conv
supernatural cause of *lilalu*. This would logically lead to th
for treatment by a traditional or prayer healer. To justi
treatment often several possible causes were mentioned.

Help-seeking behaviour

For the 33 patients for whom the index-episode is the
following episode, their first choice of treatment, number a
treatment received before the index-episode, are described.
the fact that patients with a relapse-psychosis in the hos
received slightly more treatments per episode than the pati
group of traditional and prayer healers, and on average
through slightly more episodes, there are no differences b
groups.
It is furthermore remarkable that the average number of tr
traditional healers for patients with a relapse-psychosis
same in the group of traditional and prayer healers (N=
hospital group (N=17), but that the number of western treat
hospital group are considerably higher than in the group of
and prayer healers.
It might mean that a patient with frequent psychotic symp
easily taken to the hospital because the hospital offer
often or more quickly than a traditional or prayer heale
money.

There is no clear difference in number for the types of tr
average number of treatments for each patient and the tot
treatments during the index-period between the groups of
and prayer healers vs. hospital.

The patients in the group of traditional and prayer healers who other treatment after the index-treatment, have a slightly positive opinion about the index-treatment at the end of the fol period than the patients in the hospital group. In the hospital patients developed a more positive opinion.
With the patients who did have other treatment after the index- ment, confidence in the index-treatment had decreased at the end follow-up period. This is not very remarkable because the treatment was not so satisfactory that it alone was adequate.

At the end of the follow-up period the opinion of the patients first psychotic episode had become slightly less positive abo treatment by traditional and prayer healers, and slightly more po about hospital treatment.
Patients with a second or following episode started tradi treatment more often with an ambivalent idea than patients with a psychotic episode. It has become negative with several patients end of the follow-up period.
A similar kind of ambivalence as in the traditional group was me by the major part of patients with a relapse episode in the h group at the start of their treatment. At the end of the fo period more patients have a positive idea about the hospital tr than at the start of the index-treatment.
Possibly the limited expectations of this treatment play a par that the hospital only limits the symptoms of *lilalu* and does not the power and influence of the evil spirits.
The opinion about hospital treatment may also become more p because of the diminishing of psychopathology and conse normalizing behaviour. As we saw before this may lead to a s choice of treatment.
In a single case the family had given up trust in all t treatment and did not expect anything at all at the end of the up period.

A description is given of the elements in the approach traditional and prayer healers and of the hospital that enhance the regression. These were: inactivity, no correction of behaviour, lack of structure, 'laying off' of own iden admission, tieing up, restrictive action.

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behaviour, social

of the environment.

Psychopathology

All patients involved in our research were psyc
the index-episode according to the definition
1978b).

Patients of the hospital group show les
psychopathology than the traditional or prayer he
explanation is that immediately after admi
administered and the fact that patients could oft
and observed a few days after admission - and c
days of drug treatment.

An other factor that may explain the differ
symptomatology is the more structuring treat
hospital.

Social functioning

There was dysfunctioning in almost all patients
except for the items 'relations within family'
family'. For the items 'professional role' and 's
a lesser extent 'self-care', the hospital gr
dysfunctioning.

Both groups of patients showed an equally severe

Reactions of the environment

The environment's reactions to the relations w
patient they were fairly negative. Especiall
finding a partner', 'no invitation to party or
patient', 'non acceptance of patient', the score

Although the patients are not matched to
psychopathology, social functioning and the er
they are fairly similar for the patients from bo
occasional difference.

Effect at the end of the index-treatment

The effect of the index-treatment is decided acc
improvement of the psychopathology at the end
The patients of the hospital group improved mor
patients from the group of traditional and praye
Important seemed to be mainly the drug t
abstinence in the case of a psycho-organic disc

Therefore we made a distinction at the end of the follo
between the patients who have and who have not been treate
index-treatment. The latter group remains subdivided in a
and prayer healer group on the one side and a hospital g
other. In this latter group there remained six matche
patients.

Psychopathology
PSE-scores show an equal distribution for improvement and de
of behaviour, affect, and speech in all three research group
Patients in traditional and prayer healer group improved
more than patients in the hospital group with no other
However, it is important to realize that patients from the
and prayer healer group taken together did worse at the s
index-treatment. Although they improved more on average,
showed more psychopathology at the end of the follow-up per
For the six pairs of matched patients who received no oth
we see the same tendency in the severity of psychopatholog
patients in the traditional and prayer healer group who
treatment, namely the patients in the hospital group are
at the end of the follow-up period. The trend pointed ou
of the index-treatment is confirmed: the patients from
group are doing a little better as far as psychop
concerned.
The group of patients who had other treatment
psychopathology than the group of patients without other t

Social functioning
Also social functioning of the group of patients w
treatment after the index-treatment is worse than that
who had no other treatment.
Within the group of patients with no other treatment soci
of the hospital group is better. The same applies to t
pairs of patients within this group.

Reactions of the environment
The reactions of the environment which applied to more t
patients at the beginning of the index-treatment, hav
remarkably high at the end of the follow-up period, wit
of the item 'avoidance of patient' and 'eating with the

prayer healer group and to patients in the hospital gr
treatment, and to the patients who had other treatment

There was always a positive effect on social
psychopathology was improved and no relapse
functioning did not or hardly improve if psychop
improve. It did also not improve completely i
psychopathology had disappeared, there was no possi
functioning. This was the case if the healer did not a
if the taboos of the healer implied no visiting of soc
Persisting psychopathology and norm-deviant behaviour
patient encountered: the patient either remained in
traditional healer, or he clearly showed social d
received many (negative) reactions from the environ
was, according to this research, independent of the tr

The reactions of the environment were for the patient
group the same as for the patients in the traditional
group: there were no negative reactions of the
psychopathology was strongly decreased and the patient
Nevertheless, even if a patient was completely cured
show any psychopathology, the environment still fea
considered the patient a shame for himself or his
adopted a waiting attitude.
In the same way these improved patients could experie
the follow-up period social expulsion in the form o
partner', or 'no invitation to a feast or funeral'.
If psychopathology did not or hardly improve, negative
environment did also hardly decrease. Especially
agressive or sexually tinted deviant behaviour the en
negatively. The more so, if the behaviour continued fo
the other hand a certain amount of acceptance appea
the deviant behaviour of patients with relapsing ps
possibly based on familiarity.
How a patient is known in the community outside
appeared to influence the reactions of the environment

There is no proof whether the group of patients who ch
treatment, distinghuised themselves in psychopa
functioning and reactions of the environment, co
patients who remained looking for the same kind of tre
When the wished-for results stayed away the family o
inclined to look for better results - again - from
prayer healer.
As a motive was given that healers differ from eac
ability to deal with supernatural powers. Furthermore